

Quality of Employee Services at the Tapa Community Health Center, Bone Bolango Regency

Robin Pakudu¹, Sri Lestari Gintulangi¹, Dewi Susanti Talani¹, Alfayd Fathurrahim Aliyu¹

¹Public Administration, Muhammadiyah University of Gorontalo

robinpadukumgo@gmail.com

Abstract

This study aims to determine the Quality of Employee Services at the Tapa Health Center, Bone Bolango Regency. The research method uses a qualitative type. The results of the study indicate that the services of the Tapa Health Center, Bone Bolango Regency are of good quality. This can be seen from the reliability seen from the competence of officers, both medical and non-medical officers, which can be measured from their educational background, work experience and skills in completing a job, responsiveness seen from the high initiative of Tapa Health Center officers, Bone Bolango Regency in responding to what the community needs in the health sector and empathy seen from the seriousness of the Tapa Health Center, Bone Bolango Regency in providing attention to the community, such as the willingness and readiness of officers to help people who have difficulty accessing health services.

Keywords: Quality, Health, Services

Received: July 20, 2025

Revised: August 7, 2025

Accepted: September 17, 2025

Introduction

The importance of public health must be given serious attention, as the community can be a reflection of a nation (Beaglehole et al., 2004). The state has guaranteed the health of every citizen through Law No. 23 of 1992 concerning Health. Health, as an element of general welfare, must be realized in accordance with the ideals of the Indonesian nation based on Pancasila and the 1945 Constitution. Health development is directed at improving the standard of health, meaning the development and development of human resources as capital for the implementation of national development, which is essentially the development of the whole Indonesian human being and the development of the entire community.

As stipulated in Law No. 23 of 1999 concerning Health Services, for the provision of health services to achieve their desired goals, services must meet various requirements, including availability and continuity, acceptability, accessibility, and quality. Achieving good health is the desire of all parties. To achieve this, many things need to be done, one of which plays a crucial role is improving health services. Health is the most important thing for humans and must always be maintained, as stated in the Islamic Hadith narrated by HR. Bukhari stated that: "There are two blessings that many people lose: good health and free time."

Today, several public health issues require attention from all parties because their impact will affect the quality of Indonesia's human resources in the future. This need for attention necessitates changes in health development. However, in implementing these changes, one of the challenges faced in health development is the low quality of health service performance (Amado & Dos, 2009; Counte & Meurer, 2001). Health services can be accessed by the community through access provided by the regional government in the form of the Community Health Center (UPT).

According to the Indonesian Ministry of Health (2004), a Community Health Center (Puskesmas) is a technical implementation unit of the Regency/City Health Office responsible for implementing health development in a particular health area. As a functioning system, a Community Health Center is equipped with an organization, a group of people gathered in a structured manner to achieve mutually determined goals, with resources and a health service program (Mitchell & Shortell, 2000; Fawcett et al., 1995). Its primary goal is to improve public health.

As the first-level and front-line health service unit in the health care system, Community Health Centers (Puskesmas) must implement mandatory health efforts (basic six) and several optional health efforts tailored to conditions, needs, demands, capabilities, innovations, and local government policies. Amimr & Sari (2024) said that, in implementing comprehensive and integrated health efforts, Puskesmas implements these efforts through promotion, prevention, treatment, and recovery, along with necessary supporting efforts. The availability of resources, both in terms of quality and quantity, significantly impacts health services.

Puskesmas are functional organizations that provide comprehensive, integrated, equitable, acceptable, and affordable health services to the community, with active community participation and utilizing the results of appropriate scientific and technological developments, at a cost that is affordable for the government and the community. These health efforts are implemented with an emphasis on services for the wider community to achieve optimal health, without compromising the quality of service to individuals.

Puskesmas are technical health implementation units under the supervision of the District/City Health Office. In general, they must provide preventive, promotive, curative, and rehabilitative services, both through individual health efforts (UKP) and community health efforts (UKM). Community health centers can provide inpatient services in addition to outpatient care. To provide good service, efforts are constantly being made to improve the quality of services to achieve optimal health for the entire community.

In general, health services provided by Community Health Centers (Puskesmas) include curative (treatment), preventive (preventive efforts), promotive (health improvement), and rehabilitation (health restoration). To achieve the highest level of public health through health efforts, as stipulated in Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 concerning Community Health Centers (Puskesmas), good and quality health services are necessary from health providers. Therefore, high performance is required from health providers themselves.

The quality and satisfaction of services at Puskesmas are important and interrelated issues. Puskesmas, as institutions providing health services, need human resources capable of providing quality services to the community, as patient satisfaction depends on the quality of service. Patients consider quality service to be determined by the fact that the services provided meet their needs and expectations. Ainurrahmah (2017) explains that measuring quality aspects is beneficial for community health centers (Puskesmas): (1) understanding how services operate or process; (2) identifying where changes need to be made in an effort to continuously improve to satisfy customers, especially those deemed important by customers, and (3) determining whether the changes made are leading to improvement. These benefits aim to provide patient satisfaction.

The demand for every Community Health Center (Puskesmas) to provide quality services to the community should already be a reality amidst the increasingly rapid flow of globalization.

However, there are still Puskesmas in Indonesia that have not been able to meet these expectations, particularly those located in underdeveloped or remote areas, such as the Tapa Puskesmas in Bone Bolango Regency.

Based on observations at the Tapa Puskesmas in Bone Bolango Regency, health services have not been able to satisfy the community, especially in terms of service quality. This is due to a shortage of health workers and employees with multiple duties, as well as incomplete health facilities and medication options that appear slow, resulting in community dissatisfaction (Akintola & Chikoko, 2016). Furthermore, some employees still arrive late and leave the health center before their scheduled departure time. Interviews with five patients revealed that three patients expressed dissatisfaction and two expressed satisfaction with the staff's service.

The patients who responded to dissatisfaction were dissatisfied because the medication dispensing staff were unfriendly, the registration process was lengthy, and the bathrooms were unclean. Several previous studies similar to this study include: Hamdani et al. (2017), who examined the "Quality of Health Services at the Lebang Village Sub-Health Center, Cendana District, Enrekang Regency." This study aimed to describe and explain the quality of health services at the Lebang Village Sub-Health Center (PUSTU), Cendana District, Enrekang Regency. The study used a quantitative descriptive approach to describe the quality of health services at the PUSTU. Sixty-eight respondents were selected using incidental sampling.

Data collection techniques included questionnaires, observation, and interviews. The data were analyzed quantitatively using frequency tables. The results indicated that the quality of health services was good. This is based on the recapitulation results of each indicator, namely physical evidence (tangible), reliability, competence, and responsiveness, with the average percentage results being in the good and quality category. Noverli, 2016 "Public Health Services at the Kalamok Village Sub-district Health Center, North Malinau District, Malinau Regency. This study aims to determine and describe the Public Health Services at the Kalamok Village Sub-district Health Center, North Malinau District, Malinau Regency, and to find out what inhibiting factors are faced in Public Health Services at the Kalamok Village Sub-district Health Center.

The research used is descriptive qualitative, with sampling techniques determined by Purposive Sampling and Accidental Sampling. Key Informants are Nurses and Midwives with Community Informants. The data analysis technique used in this study is that put forward by Matthew B. Miles & A. Michael Huberman which in this study consists of four simultaneous activity flows, namely: data collection, data reduction, data presentation and conclusion drawing. As well as data collection techniques with observation techniques, namely data collection through literature studies, documents and research results as well as through institutions related to the problem being studied and conducting direct observation of the object being studied using interview techniques where the researcher conducted a direct Q&A with informants deemed qualified and capable of addressing this issue.

This research was conducted at the Kalamok Village Community Health Center, North Malinau District, Malinau Regency. The results indicate that public health services provided by health workers are running well, but not optimally due to limited human resources and a lack of supporting facilities and infrastructure at the Kalamok Village Community Health Center. Unlike previous research, the author conducted a more in-depth study of the quality of employee service at the Tapa Community Health Center in Bone Bolango Regency, using Pasaruraman's, 2001 findings, with indicators of tangibles, reliability, responsiveness, assurance, and empathy.

Methods

In this study, the type of research used by the researcher is descriptive research with a qualitative approach Sugiyono (2013); The qualitative approach was chosen for use in this study because this approach can be used to describe or provide an overview related to the Quality of Employee Services at the Tapa Health Center, Bone Bolango Regency Shuja et al. (2021) Based on the source, research data can be grouped into two types, namely primary and secondary. The informants in this study are; Head of the Tapa Health Center, Head of Administration of the Tapa Health Center, 2 Administrative Staff, 2 Medical Officers and 6 Community members.

Result and Discussion

Service quality cannot be assessed solely from the perspective of the service provider but must be viewed from the perspective of customer assessment. Therefore, in formulating service strategies and programs, companies must prioritize customer interests by considering service quality components. Measuring customer satisfaction, specifically the public, is highly beneficial for agencies in evaluating the current position of government agencies and identifying areas where improvement is needed. Feedback from the public, as the sole customer, directly, through focus groups, or through public complaints, is a tool for measuring public satisfaction (Batchelor et al., 1994). The following is a discussion of the quality of employee service at the Tapa Community Health Center in Bone Bolango Regency, using the service quality benchmarks from Pasaruraman, 2001 with indicators of tangibles, reliability, responsiveness, assurance, and empathy.

Tangibles

A company's ability to demonstrate its existence to external parties. The appearance and reliability of the company's physical facilities and infrastructure, in light of the surrounding environment, are tangible evidence of the service provided by the service provider. This includes physical facilities (e.g., buildings, warehouses, etc.), the equipment and tools used (technology), and the appearance of its employees. Therefore, physical evidence in this study refers to the availability of facilities and infrastructure at the Tapa Community Health Center in Bone Bolango Regency to provide quality services to the community. Furthermore, based on the researcher's observations in the field, the researcher noted several deficiencies in the facilities and infrastructure at the Tapa Community Health Center in Bone Bolango Regency, such as the availability of medicines and medical facilities. During the researcher's visit to the Tapa Community Health Center, several patients were found to have to fill prescriptions at other pharmacies due to the unavailability of medicines at the Tapa Community Health Center. Furthermore, several service facilities were found to be inadequate, such as a cramped, unair-conditioned waiting room and inadequate parking, leading many residents and patients to park their vehicles on the roadside.

Based on interviews with all informants and the author's observations, it can be concluded that tangible indicators at the Tapa Community Health Center in Bone Bolango Regency are inadequate. This is evident in the inadequate service facilities, such as a cramped, unair-conditioned waiting room and inadequate parking, leading many residents and patients to park their vehicles on the roadside. Furthermore, medication shortages often occur, leading to prescriptions being filled outside the Community Health Center or patients purchasing them independently at other pharmacies. Schneider & Bowen (1993) said that, addresses the physical appearance of service facilities, equipment, supplies, human resources, and company

communication materials. The definition of physical evidence in service quality is a tangible, tangible form of actualization that can be seen or used by employees according to its intended use and utilization. This can be felt to assist the service recipient, resulting in satisfaction with the service they receive, and also demonstrates the performance of the service provider. This means that in providing service, every recipient can feel the importance of the physical evidence provided by the service provider, resulting in satisfaction. This form of physical evidence typically includes available service facilities and infrastructure, the service technology used, and the performance of the service provider, which aligns with the characteristics of the service provided, demonstrating performance that can be demonstrated through tangible, physical service. It is undeniable that in a modern and advanced organization, service providers consistently prioritize the quality of physical conditions that can convey appreciation to the service provider.

Reliability

Reliability is a company's ability to provide promised services accurately and reliably. Performance must meet customer expectations, which includes punctuality, consistent service for all customers without errors, a sympathetic attitude, and high accuracy. The company's ability to deliver promised services accurately the first time. The reliability indicator referred to in this study is the ability of staff at the Tapa Community Health Center in Bone Bolango Regency to provide quality services to the public that meet applicable standards and provide accurate service. Furthermore, based on the researcher's observations in the field, the researcher found that staff at the Tapa Community Health Center in Bone Bolango Regency are reliable in providing public health services. The researcher's observations indicate that staff at the Tapa Community Health Center in Bone Bolango Regency possess the relevant knowledge and educational backgrounds for their respective fields. However, problems often arise in this aspect of service because some employees have to hold concurrent positions due to limited human resources, which impacts their performance. Furthermore, numerous complaints were also found from the public, particularly regarding the registration service, which was perceived as taking too long or too slow, often resulting in long queues.

Based on interviews with all informants and the author's observations, it can be concluded that the reliability indicator of staff at the Tapa Community Health Center in Bone Bolango Regency is optimal. This is evident in the competence of both medical and non-medical staff, which can be measured by their educational background, work experience, and skills in completing office work, particularly in providing health services. Adabi (2020) states that every service requires reliable service. This means that in providing services, each employee is expected to possess high levels of knowledge, expertise, independence, mastery, and professionalism. This ensures that their work activities result in satisfactory service, without any complaints or excessive impressions of the service received by the public. The demand for employee reliability in providing fast, accurate, easy, and smooth service is a requirement for those served to demonstrate the actualization of employee work, understanding the scope and job descriptions that are the focus of each employee in providing their services.

Responseveness

A policy to assist and provide prompt (responsive) and accurate service to customers, with clear information delivery. Leaving consumers waiting creates a negative perception of service quality. According to Bernardes & Hanna (2009), responsiveness refers to the willingness and ability of service providers to assist customers and respond to their requests promptly. The responsiveness indicator referred to in this study is the willingness and ability of staff at the

Tapa Community Health Center in Bone Bolango Regency to provide quality services to the community in accordance with applicable standards. The results of the researcher's field observations indicated that staff at the Tapa Community Health Center in Bone Bolango Regency possessed the ability and sensitivity to respond to community needs, particularly in the health sector. The researcher's findings specifically focused on the high level of staff initiative to voluntarily assist the community, especially those unable to travel to the Tapa Community Health Center.

Based on interviews with all informants and the author's observations, it can be concluded that the responsiveness indicator at the Tapa Community Health Center in Bone Bolango Regency is optimal. This is evident in the high level of initiative shown by the Tapa Community Health Center staff in Bone Bolango Regency in responding to the community's health needs. Zerbe et al. (1998) states that each employee prioritizes service aspects that significantly influence the behavior of those receiving the service in providing services. Therefore, employee responsiveness is essential to serving the community according to their level of understanding, understanding, and any discrepancies regarding various aspects of the service they are unfamiliar with. This requires thoughtful, detailed explanations, guidance, direction, and persuasion to address all applicable procedures and work mechanisms within an organization, so that the service receives a positive response.

Assurance

Assurance refers to the knowledge, courtesy, and ability of company employees to foster customer trust in the company. This encompasses several components, including communication, credibility, security, competence, and courtesy. According to Eisingerich & Bell (2008), it concerns the knowledge and courtesy of employees and their ability to foster customer trust and confidence. The assurance indicator referred to in this study is the ability of the Tapa Community Health Center (Puskesmas) staff in Bone Bolango Regency to foster trust and confidence in the health services provided by the Bongohulawa Community Health Center (Pustu Bongohulawa). Field observations revealed that the Tapa Community Health Center staff in Bone Bolango Regency were not yet fully equipped to assure the public of quality health services due to two main factors: inadequate facilities and infrastructure and inadequate medical personnel.

Based on interviews with all informants and the author's observations, it can be concluded that the assurance indicator at the Tapa Community Health Center in Bone Bolango Regency is not yet optimal. This is evident in the low level of public trust in the healthcare services provided by the Tapa Community Health Center in Bone Bolango Regency. Hasan et al. (2005) states that every form of service requires assurance regarding the service provided. This assurance is largely determined by the assurance provided by the staff providing the service, ensuring that the recipient feels satisfied and confident that all service matters are completed in accordance with the speed, accuracy, ease, smoothness, and quality of the service provided. Employee assurance is largely determined by their performance, ensuring that they are capable of providing reliable, independent, and professional service, which impacts the satisfaction of the recipient.

Empathy

Providing genuine, individualized, or personal attention to customers by striving to understand their desires. A company is expected to have an understanding and knowledge of its customers, understand their specific needs, and have convenient operating hours. According to Susanti et

al. (2019), a company understands its customers' problems and acts in their best interests, providing personalized service to customers, and maintaining convenient operating hours. The empathy indicator referred to in this study is the concern of the Tapa Community Health Center (Puskesmas) staff in Bone Bolango Regency for the community's need for quality health services. The researcher's field observations indicate that the Tapa Community Health Center (Puskesmas) staff in Bone Bolango Regency fully care for the health of the community in Tapa District. The author's observations indicate that the Tapa Community Health Center (Puskesmas) in Bone Bolango Regency consistently provides attention and care to all residents or patients at the Puskesmas, especially those in dire need of assistance, such as those with illiteracy or disabilities. Specifically for people with disabilities, the Tapa Community Health Center in Bone Bolango Regency provides other supporting facilities such as wheelchairs, special lanes for people with disabilities, and health services that prioritize them.

Based on interviews with all informants and the author's observations, it can be concluded that the empathy indicator at the Tapa Community Health Center in Bone Bolango Regency is optimal. This is evident in the Tapa Community Health Center's commitment to providing care to the community, such as the willingness and readiness of staff to assist those experiencing difficulty accessing health services and the provision of special facilities for people with disabilities, such as wheelchairs, special lanes for people with disabilities, and health services that prioritize them. Alter (2011) states that every service activity requires understanding and shared understanding of assumptions or interests related to the service. Service delivery will run smoothly and efficiently if all stakeholders demonstrate empathy in completing or managing the service, or share a shared commitment to the service. Empathy in service delivery is the attention, seriousness, sympathy, understanding, and involvement of stakeholders in developing and implementing service activities according to each party's level of understanding and comprehension. The service provider must empathize with the needs of the recipient. The recipient should understand the limitations and capabilities of the recipient, thus fostering a sense of shared understanding between the recipient and recipient.

Conclusion

Based on the results of the research and discussion, the author concludes that the services of the Tapa Community Health Center in Bone Bolango Regency are of high quality. Of the five indicators used as instruments, only one indicator is considered unfulfilled, namely the indicator of physical evidence (tangible). This is seen from the inadequate service facilities such as a narrow waiting room without air conditioning and inadequate parking space, as well as the frequent unavailability of medicines which impacts the redemption of prescriptions outside the Community Health Center or purchased independently by patients at other pharmacies. Meanwhile, the other four indicators are considered to have been well fulfilled, namely the reliability indicator which is seen from the competence of both medical and non-medical officers which can be measured from educational background, work experience and skills of officers in completing a job. The responsiveness indicator is seen from the high initiative of the Tapa Community Health Center officers in Bone Bolango Regency in responding to what is the community's need in the health sector and the empathy indicator which is seen from the seriousness of the Tapa Community Health Center in Bone Bolango Regency in providing attention to the community, such as the willingness and readiness of officers to help people who have difficulty accessing health services.

Suggestions

The Bone Bolango Regency Health Office and the Tapa Community Health Center are expected to improve the quantity and quality of health facilities and infrastructure, particularly at the Tapa Community Health Center in Bone Bolango Regency. The Tapa Community Health Center in Bone Bolango Regency is expected to improve its responsiveness to health services, especially to the community. The Tapa Community Health Center in Bone Bolango Regency, especially its staff, is expected to increase its sensitivity and initiative in assisting communities experiencing difficulty accessing health services.

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